



# **Residential Grading** **and Drainage** **Permit Application**

THE BUILDING DIVISION  
4800 S 188<sup>th</sup> St  
SeaTac, WA 98188  
206-973-4750

PERMIT # DRN\_\_\_\_\_

<b>Project Address:</b>	<b>Parcel #:</b>
<b>Applicant:</b> Address:	<b>Phone:</b>
<b>Contact Person:</b>	<b>Phone:</b>
<b>Property Owner:</b> Address:	<b>Phone:</b>
<b>Tenant:</b>	<b>Phone:</b>
<b>Contractor:</b> City Business Lic. #: State Contractor Lic. #:	<b>Phone:</b>
<b>Description of Work:</b>	
<b>Value of Work: \$</b>	<b>Sensitive Area:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Type Of Work:</b> <input type="checkbox"/> Grading <input type="checkbox"/> Drainage <input type="checkbox"/> Clearing and Grubbing <input type="checkbox"/> Paving <input type="checkbox"/> Retaining Wall	
<b>Amount Of Material:</b> Imported_____ Exported_____	<b>Sq. Ft. Of Lot:</b>
<b>Total Existing Impervious Area:</b> _____ sq. ft. <b>Proposed Impervious Area:</b> _____ sq. ft.	
<b>Type Of Retaining Wall:</b> <input type="checkbox"/> Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other_____	
<b>Type Of Drainage System:</b> <input type="checkbox"/> Dispersion <input type="checkbox"/> Infiltration <input type="checkbox"/> Off-Site <input type="checkbox"/> Other_____	

I certify that I am the ☐ Owner ☐ Contractor

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_